

## A SNAPSHOT: FSSA IN JANUARY 2005

Prior to 2005, news organizations had been reporting for years about problems with FSSA and its inability to properly protect and provide for the state's most vulnerable populations. And while the Daniels Administration anticipated large-scale problems, it could not have anticipated how numerous and entrenched the problems really were. In addition, it took months to determine how many people FSSA employs and how much money it spends in administration and programming costs because of the historically chaotic record-keeping at FSSA. The new leadership needed to closely examine the agency and its problems to fulfill its vision and mission, with the ultimate goal to provide the best service to Hoosiers most in need.

### AN INSIDE LOOK ACROSS FSSA

In early 2005, the FSSA leadership team needed an extensive examination to determine the breadth and magnitude of the challenges that had to be overcome to be an effective health care and social services financing agency. FSSA enlisted KPMG to conduct a six-month intensive diagnostic audit in spring 2005. The KPMG Diagnostic Review<sup>2</sup> and FSSA internal analysis revealed such problems as:

- No central accounting system
- No medical director
- Technology not linked
- Lack of training and oversight
- Inflexible personnel system
- No coordinated contracting system
- No coordinated purchasing system
- No coordinated effort to secure grants
- Departments functioned in "silos"

"...the revolving door of directors since the agency was established in 1991 suggests the task of overseeing Medicaid, mental health and addiction services, disability and aging services and the Division of Family and Children might be too overwhelming for any one person."

*Is FSSA Too Much to Handle?*  
Fort Wayne Journal Gazette, Oct. 8, 2003

"With its massive budget and more than 9,000 employees, the FSSA is too big for its own good. A bureaucracy of this size invites lax oversight and bloated spending."

*FSSA Needs an Overhaul*  
South Bend Tribune, Oct. 9, 2003

Although FSSA has worked diligently for the last 18 months to address these challenges, not all strategies and solutions have been fully developed or implemented because these problems are so vast and deeply rooted in the agency. The following is a brief description of just a few of the problems discovered in early 2005.

### NO CENTRAL ACCOUNTING SYSTEM

Instead of a central accounting system to manage FSSA's \$6.55 billion budget, accountants manually updated several hundred Excel spreadsheets. This manual process made it impossible for senior staff to understand if FSSA, its divisions and its programs were over or under budget.

## **NO MEDICAL DIRECTOR**

Despite being charged with maintaining the health of approximately 800,000 Hoosiers, FSSA operated without a medical director. Even though the agency spent nearly \$5 billion on Medicaid services annually, a medical director did not set health care policy or oversee the quality of care provided to clients.

## **TECHNOLOGY ACROSS DIVISIONS NOT LINKED**

Many divisions had duplicate systems that performed very similar functions. The disparate systems did not “talk” to each other. In other words, FSSA had multitudes of useless data that could not be comprehensively compiled and analyzed. There was no global approach to understanding the technological needs of the agency; rather, technology was bought and supported piecemeal.

## **LACK OF TRAINING AND OVERSIGHT**

The lack of training and oversight in FSSA impeded the agency’s ability to provide quality services to clients. For example, the KPMG Diagnostic Report indicated that “caseworkers are not trained on the complicated documents they must review in order to determine eligibility. Often times, they do not understand the documents they are reviewing, such as documentation of assets (i.e. 401(k)).” Employees also do not receive sufficient training on how to detect and report fraud or on the appropriate questions to ask clients during eligibility interviews.

## **NO COORDINATED CONTRACTING SYSTEM**

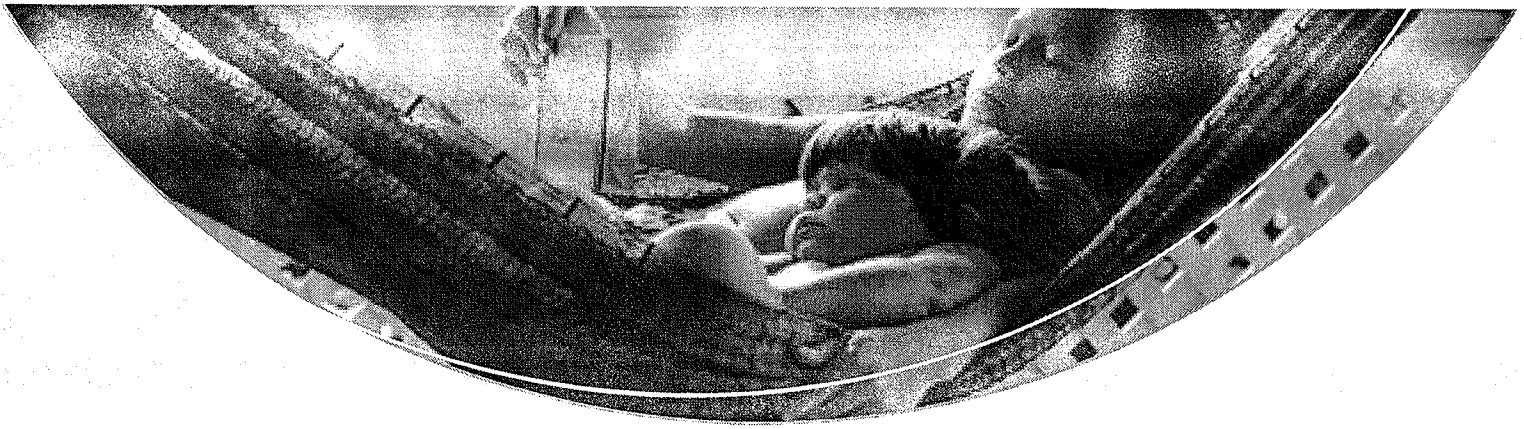
FSSA had more than 10,000 contracts and contract amendments, yet the contracting system was a manual, uncoordinated process, depending too much on the memories of staff, rather than an effective tracking and handling system. Processing contracts internally often required six signatures from FSSA staff before being passed on to the State Budget Agency, Department of Administration and the Office of the Attorney General. Many contracts take more than 90 days to make it through the system; this inhibited FSSA’s ability to contract out for needs in a timely fashion.

## **NO COORDINATED PURCHASING SYSTEM**

FSSA purchases goods for its own consumption, as well as for use by others. FSSA did not have a coordinated purchasing system for office supplies within the Central Office or between local offices spread throughout the state. Divisions within FSSA also did not work together or with other agencies to leverage economies of scale and purchase goods and services in bulk.

The agency also purchases goods, like durable medical equipment or food, on behalf of others. For example, both Vocational Rehabilitation under DDRS and Medicaid purchase hearing aids for people with hearing impairments. Yet, the two areas of FSSA did not work together to negotiate for a better price for the combined quantity.

FSSA also purchases food services for many clients, such as people at state-operated facilities and seniors at local centers. Once again, no coordinated purchasing system existed to maximize taxpayer dollars.



## NO COORDINATED EFFORT TO SECURE GRANTS

Each division was responsible for locating and pursuing grant opportunities; there was no central resource within FSSA to provide assistance and a coordinated approach. This resulted in many missed opportunities to secure federal funding.

## FUNCTIONS IN SILOS

Although the public assistance departments were consolidated into one large agency in 1991, the divisions remained disparate, often failing to communicate, resulting in duplication of many processes. As documented in the KPMG Diagnostic Review:

*"FSSA does not maintain effective communication between its lines of service. Communication issues adversely impact FSSA's ability to be responsive to concerns of its various divisions, but also reduces FSSA's ability to collaborate and share information, which has perpetuated functional silos throughout the organization."*

The secretary's office is responsible for overseeing five different divisions, as well as other functions, such as human resources and payroll. With the revolving door of FSSA Secretaries – 13 different Secretaries in 15 years – FSSA usually failed to establish a comprehensive message and strategy, which simply perpetuated the parochial operating system.

## AN INSIDE LOOK INTO ELIGIBILITY INTAKE AND DETERMINATION

As highlighted in the "History of FSSA and Public Assistance" section, prior to 2005, the division that handled eligi-

bility intake and determination, child welfare, child care and a host of unrelated programs was called the Division of Family and Children (DFC). DFC – a single division within the larger agency – was entrusted with caring for the most vulnerable children in Indiana, while also serving as the gateway to other FSSA services. With so much responsibility, problems within the division often directly impacted the client. To better serve our State's children, Governor Daniels created the Department of Child Services (DCS) by Executive Order on Jan. 11, 2006, and charged it with the responsibility of overseeing child welfare, including child protective services, adoption, foster care and child support. The remaining DFC programs continued in the newly-named Division of Family Resources (DFR) under the umbrella of FSSA, which then allowed FSSA to more fully focus on other critical parts of the organization.

DFR is the gateway to most of FSSA's services, including Food Stamps, TANF and Medicaid. Unfortunately, DFR operates an outdated system, which is inconsistent and difficult to use. These factors lead to poor customer service to FSSA's most vulnerable clients and also additional cost to Hoosier taxpayers. The problems inherent in the current system are:

- Inconsistent application of rules, regulations and policy
- Overly burdensome caseloads for caseworkers
- High case error rates
- Low participation rates in programs designed to promote self-sufficiency
- Inappropriate delays
- Dissatisfied clients
- Conducive to fraud

## INCONSISTENT APPLICATION OF RULES, REGULATIONS AND POLICY

DFR processes and practices have devolved over time and multiple administrations. As a result, there has been a lack of common operating processes, training and acculturation of employees. The State Board of Accounts (SBOA) TANF audit report found:

*"We noted major discrepancies from county to county regarding documentation and follow up. For example, caseworkers in some counties would check the living situation statement made by an applicant by contacting the school or other known organization to verify while, in other counties, the applicant statement appeared to be accepted without question."*

*"Although the scope of our work did not include an extensive review of internal control, it appears evident that whatever control procedures have been established by the central office are not widely implemented at all local offices. Rather, controls in place seem to be determined by each local director and vary widely."<sup>3</sup>*

These variances create an environment nearly impossible to control or improve. FSSA clients have difficulty communicating with the agency and have no consistent expectation of service.

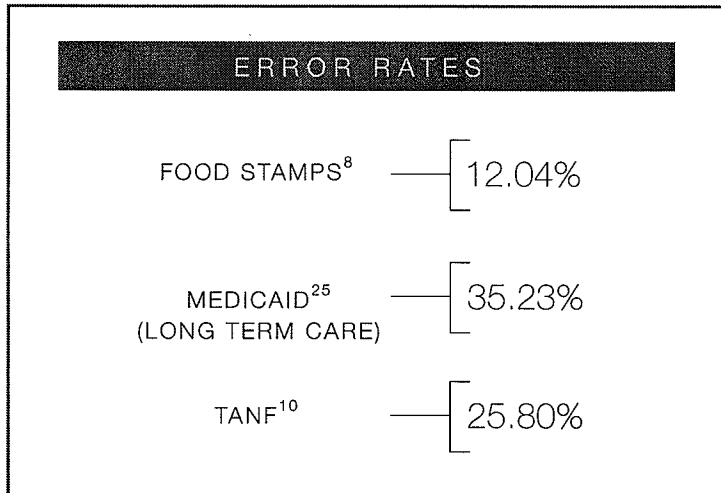
## OVERLY BURDENSOME CASELOADS FOR CASEWORKERS

Indiana caseworkers carry an average workload of 300 cases, though caseworkers in urban areas carry as many as 700 concurrent cases<sup>6</sup>. Illustrating the depth of the problems in managing their cases are the alerts generated by the Indiana Client Eligibility System (ICES). An alert is an electronic reminder for the caseworker to perform some action concerning open or pending cases. As of early June 2006, caseworkers had 260,000 unprocessed open alerts — roughly 120 for every Indiana caseworker<sup>7</sup>. Caseworkers should be able to attend to these activities while taking care of normal case maintenance; the current system simply has not afforded them the opportunity to do so.

In addition, caseworkers are caught in a system that uses outdated technology and depends on largely manual processes for paper collection and data verification. As such, caseworkers spend more time inputting data changes or filing papers, rather than using their social work expertise to help clients in a more tangible way. Unfortunately, the manual requirements and time constraints of caseworkers often result in poor service to clients.

## HIGH CASE ERROR RATES

An indicator of the problems endemic to DFR's operation is the overall case error rates for FSSA's three major programs: Food Stamps, TANF and Medicaid. FSSA tracks case errors as an indicator of operating quality problems. The error rates for FSSA programs are as follows:



A further look at errors shows the cost borne by the taxpayers as a result of these errors. *The 35.23 percent error rate in determining long-term care eligibility costs Indiana between \$10 and \$50 million each year, as FSSA funds more than 33 percent of Medicaid costs compared to funding very little for Food Stamps and TANF.* (The federal government is the primary funder of Food Stamps and TANF.) In Federal Fiscal Year (FFY) 2005, FSSA paid Food Stamps recipients \$33.9 million more than they were entitled.<sup>11</sup> When the state attempted to recoup these overpayments, it recovered only 9.58 percent.<sup>12</sup> Indiana ranks 48th in the nation in recouping Food Stamp overpayments.<sup>13</sup>

FSSA's practices, which have not kept pace with modern business practices, fail its clients. The taxpayers of Indiana deserve better performance from FSSA.

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## POOR PARTICIPATION IN PROGRAMS DESIGNED TO PROMOTE SELF-SUFFICIENCY

As a result of the Deficit Reduction Act (DRA) of 2005, the federal government requires that states meet a workforce participation for TANF recipients of 50 percent. In other words, 50 percent of Hoosier TANF recipients must be engaged in meaningful work-related activity, either working in a job or an Indiana Manpower and Comprehensive Training (IMPACT)-sponsored activity like volunteer work. (Certain TANF recipients, such as non-parent caretakers, are exempt from this calculation.) Indiana has historically had a workforce participation rate near 33 percent.<sup>14</sup> With Congress passing the TANF Reauthorization earlier this year, the 50 percent workforce participation requirement will be strictly enforced, and Indiana is at risk for failing to meet this requirement. This could cost the state up to 5 percent of its TANF block grant, or \$10.3 million, and the federal government could require that Indiana replace these lost federal funds with state funds.

## INAPPROPRIATE DELAYS

A largely manual application and verification process often leads to unnecessary and inappropriate delays in service, which may result in unanticipated costs to taxpayers. For example, the class action lawsuit *Thornton v. Hamilton* challenged the state's alleged failure to issue decisions on Medicaid disability applications within 90 days of the application date as required by federal law. Although the Administration has entered into a consent decree with plaintiffs and worked to address this situation by eliminating the backlog of more than 13,000 cases, the extent of the liability of the *Thornton* case is uncertain at this time. The court could require that the state put every applicant on Medicaid disability at 90 days regardless of whether a determination was made.

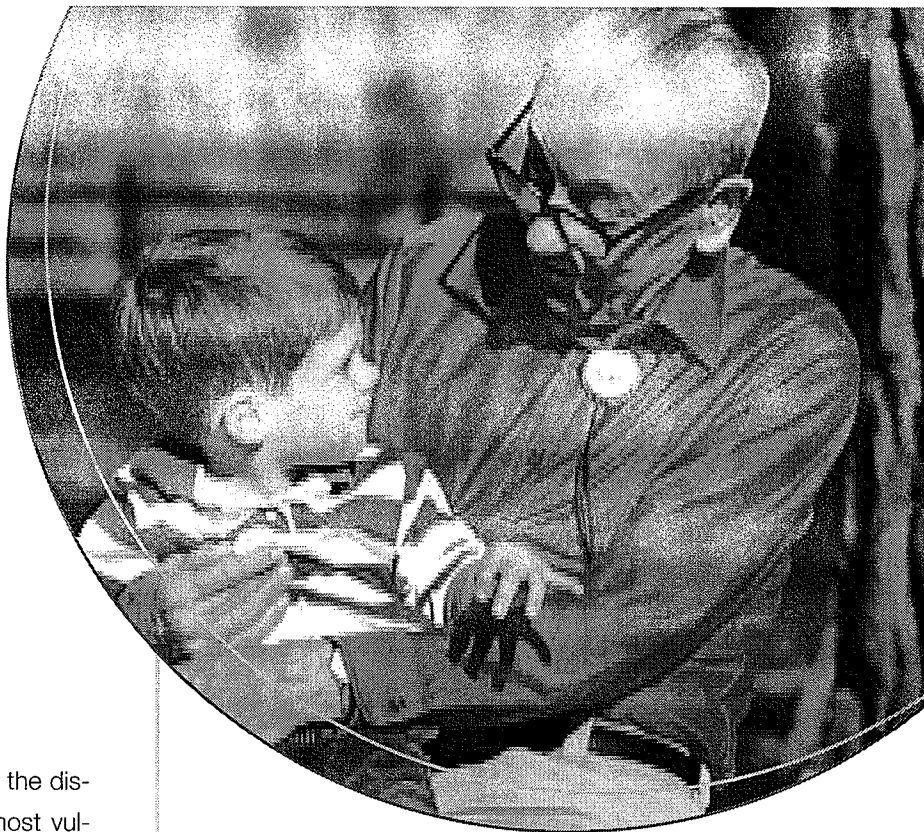
Inappropriate delays for receiving public assistance extend to the less time-intensive cases as well. For example, in SFY 2005, caseworkers took in 31,000 Food Stamps applications and re-determinations each month. Of these, 3,500 were not processed in an appropriate time frame under federal guidelines.<sup>16</sup>

## DISSATISFIED CLIENTS

Over time, service models have disintegrated to the point of delivering extraordinarily poor service to clients. The best judges of the system are the clients themselves. A recent survey showed that:

- Sixty-five percent of FSSA customers rated their satisfaction with the agency's service as "below average"
- Fifty-six percent complained that the intake process was "too slow"
- Twenty-seven percent noted that "the telephone system doesn't work"
- Forty-eight percent found it difficult to reach a caseworker<sup>17</sup>

The current application process for public assistance results in some applicants making up to four visits to offices in their home county and spending more than six hours working through the process.<sup>18</sup> *The survey indicated that 82 percent of the State's clients required two or more face-to-face office visits to become eligible for the appropriate programs.*<sup>19</sup> Each visit may entail time off work, child care and transportation difficulties, and waiting in line.



## CONDUCTIVE TO FRAUD

The outdated infrastructure unfortunately allows the dishonest to take advantage of the state and the most vulnerable Hoosiers. Since October 2002, FSSA has had at least 15 caseworkers arrested for fraud for illicitly obtaining Food Stamps and TANF benefits. The average amount stolen per case is approximately \$50,000. *In addition, at least 21 "outside conspirators" have illegally obtained benefits or committed contract fraud with the assistance of FSSA staff.* These cases cost the state and the taxpayers approximately \$60,000 each in benefit payments.<sup>20</sup>

## SUMMARY

FSSA faced many challenges when the new administration entered in January 2005: no central accounting system; no medical director; technology not linked; lack of training and oversight; inflexible personnel system; no coordinated contracting system; no coordinated purchasing system; no coordinated effort to secure grants; and departments functioned in silos. Many of these challenges, combined with the difficulty of an outdated system for the eligibility intake, determination and verification processes, have resulted in poor customer service, high error rates and low participation rates. Many staff members are reduced to paper pushing rather than the consistent application of their social work expertise. Even more unfortunate, some staff members have committed fraud, evading detection for some time because of the lack of system accountability.

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## ELIGIBILITY INTAKE AND CUSTOMER CARE

### ELIGIBILITY INTAKE, A FORM OF CUSTOMER SERVICE

Eligibility intake is collecting, processing and organizing information to support eligibility determination; eligibility intake is a necessary component of a public assistance application. Final eligibility determination is the calculated decision whether a client is eligible for public assistance. In other words, eligibility intake is the preparatory work for final eligibility determination, both of which are necessary for a client to receive public assistance.

### HOW DOES AN APPLICANT APPLY FOR PUBLIC ASSISTANCE?

Consider a typical case, drawn from interviews with clients and caseworkers. Felicia is a 23-year-old single mother with two children. She earns \$152 per week working part time. She pays \$325 per month to rent a two-bedroom apartment.

1. Felicia rides the city bus to a Lake County DFR office, but no caseworkers are available to speak with her. She makes an appointment for the next day.
2. The next day, she again takes the bus to the office and waits 25 minutes because previous appointments ran longer than scheduled. Felicia learns that her household will likely be eligible for food stamps, and her children will likely qualify for Medicaid. She is told there is a long waiting list for child care vouchers.
3. The next week, Felicia takes the bus back to the office to provide required copies of their birth certificates, one month of pay stubs and the rent receipt.

4. After one week, she calls her caseworker.

5. A few days later, her caseworker calls her back, explaining that her file is incomplete. She needs to bring in three months of pay stubs, not just one month of pay stubs.

6. She brings in the additional two months of pay stubs the next day.

7. As the caseworker instructed Felicia on an earlier visit, she travels to a separate office, which requires changing buses twice, to visit a child care voucher agent. She discovers that the waiting list is five months.

8. About three weeks after Felicia first arrived at the county office, she receives a letter in the mail, alerting her to the status of her family's eligibility. They will receive \$70 monthly in food stamps, and her children will be enrolled in Medicaid. She still has not heard anything about enrollment in First Steps, since it is handled through a different office. Her children's Medicaid cards and the electronic benefits transfer (EBT) card for food stamps will both be mailed in a few days.





# FELICIA HAD TO MAKE FIVE VISITS TO TWO SEPARATE OFFICES TO DISCOVER THAT SHE AND HER CHILDREN ARE ELIGIBLE FOR SOME ASSISTANCE.

Felicia had to make five visits to two separate offices to discover that she and her children are eligible for some assistance. She is still waiting for space in the child care voucher program. And within six months, Felicia will need to return to the county office to verify that her family situation hasn't changed and provide supporting documentation to continue to be eligible for Food Stamps and Medicaid. Unfortunately, Felicia has experienced many hurdles while applying for public assistance; FSSA is not providing Felicia quality customer care.

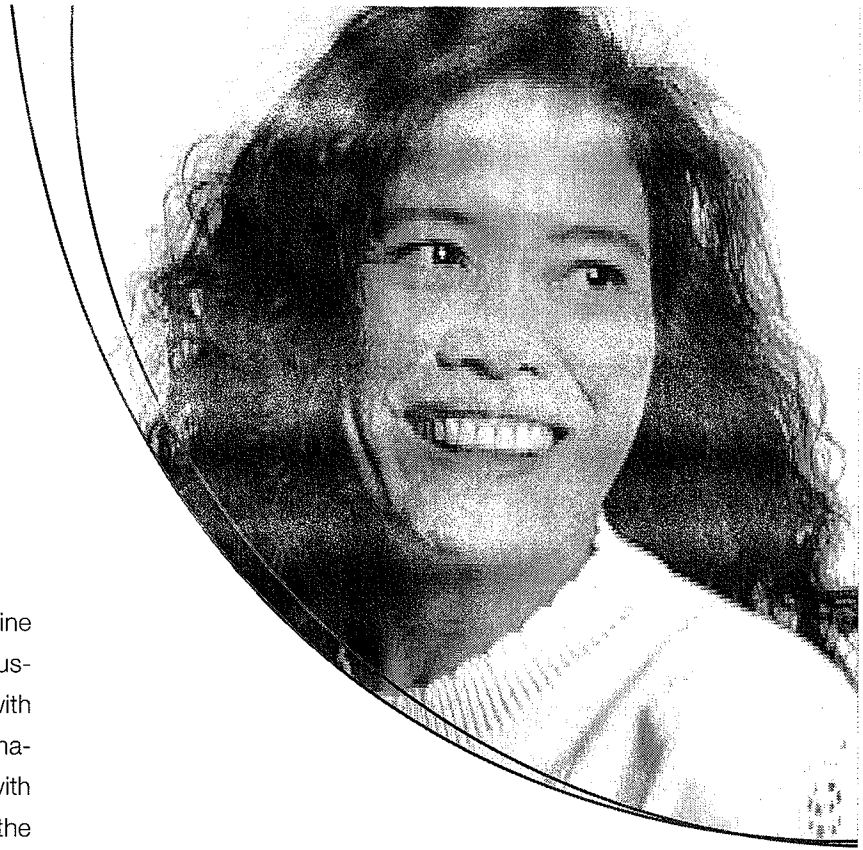
## WHAT IS THE CASEWORKER'S ROLE IN THE APPLICATION FOR PUBLIC ASSISTANCE?

Jessica has been a public assistance caseworker since graduating with a college degree in social work two years ago. At first, the opportunity to help mothers and children in need seemed fulfilling, but she now finds most of her time is spent filing and searching for documents rather than using her college training.

Jessica begins a case file for Felicia in the Indiana Client Eligibility System (ICES). The system is outdated, and as a result, she had to enter 26 separate screens worth of data on Felicia. The in-person interview with Felicia takes 90 minutes.

Jessica spent a year getting familiar with the various rules behind each of the fields for which information was required. With 27 different types of Medicaid and three different types of TANF, the application process is not intuitive. At the end of the interview, Jessica gives Felicia a list of all the materials that must be brought to the office to proceed with the application process. Jessica will need to verify each document Felicia supplies.

When Felicia calls to check the status of her application and leaves a voice mail message, Jessica cannot easily locate her file. It's not in the filing cabinet, so she assumes a clerk must be processing the new information provided by Felicia. She searches through the in-boxes of four different clerks before finding the paperwork on a desk. Jessica is frustrated; she has a stack of cases on her desk that needs processing and just spent 30 minutes locating the pieces of Felicia's application. More than 60 percent of her time is spent locating files and processing simple updates, such as a change of address. Unfortunately, the burdens and restrictions of the current system prevent Jessica from providing Felicia with true social work and good customer service.



## CUSTOMER SERVICE

The terms “customer service” and “customer care” define the way that organizations interact with their clients or customers in the modern economy. Each day, we interact with public and private organizations, such as banks, pharmacies, grocery stores and post offices, and come away with an impression – based on that interaction – concerning the friendliness, competence and efficiency of that organization. As noted in the “A Snapshot: FSSA in January 2005” section, a majority of Hoosiers in need do not have positive impressions of their interaction with FSSA and, by implication, all of state government.

The reasons for this generally negative impression are many. As Felicia’s experience demonstrates, multiple trips and document submissions are required to complete the application process. Overburdened caseworkers have little time to deliver personal services. The time taken to make determinations is too long for too many individuals trying to make ends meet day-to-day.

At its core, eligibility modernization is about improving the level of customer care received by Hoosiers in need. In 2006, if you had a choice, would you continue to use a bank, post office, pharmacy or other place of business if it:

- Offered limited phone access?
- Failed to offer Web access?
- Failed to offer access to important information 24-7?
- Required you to come in during normal working hours for each transaction?

- Required you to provide some of the same documents each time you wanted to open a new account?
- Featured employees so overburdened by paper shuffling requirements that they were unable to provide quality customer service?

Customer service is a part of everyday interaction within FSSA and especially at its 107 county offices. FSSA’s county offices provide customer care in the following ways:

- Greet clients and introduce clients to FSSA
- Explain the eligibility intake and determination process and answer questions
- Process applications for public assistance
- Determine eligibility for various programs
- Keep applications and reapplications for public assistance up-to-date
- Refer clients to community or faith-based organizations, such as Area Agencies on Aging (AAAs) or other state agencies (i.e. Department of Child Services) that may be able to help meet clients’ needs

## WHAT ARE THE CURRENT PROBLEMS IN THE SYSTEM?

The following summarizes the problems in the current system:

- Outdated infrastructure
- Fragmented and outdated technology
- Misspent caseworker time
- Inconsistency

FSSA aims to provide clients good customer care; however, the system often hinders the employees from doing so. FSSA's system of eligibility intake is often criticized for being slow, cumbersome, difficult to navigate, inaccurate, paper-intensive, time-intensive and people-intensive. Unfortunately, FSSA operates a 30-year-old model of customer care; the agency is so behind the times that it cannot compete with 21st century business models or customer care expectations.

### OUTDATED INFRASTRUCTURE

FSSA has 107 county offices throughout the state with at least one office in each county. This model was established when county offices administered welfare services, and there were no other options for how to apply for public assistance. Today, with many current modes of communications, such as the Internet, clients should have more options for how to apply and submit information for public assistance applications.

With the advent of today's technology, which allows information to be shared much more quickly and safely, offices today should have the ability to help Hoosiers gain access to a myriad of services. The current system is highly fragmented, as demonstrated when Felicia had to go to a different office to apply for the child care voucher. *Unfortunately, this fragmentation often requires the Hoosiers most in need, such as senior citizens with disabilities, make multiple visits to different locations to apply for different programs.*

### INCONVENIENT ACCESS

Multiple visits to different offices become increasingly difficult as clients realize that most county offices are only open to the public Monday through Friday from 8 a.m. to 4:30 p.m. Many have to take off work and/or find child care to go to the office.

### FRAGMENTED AND OUTDATED TECHNOLOGY

Indiana's eligibility computer systems are fragmented. Many of them were built on 30-year-old technology. The flagship system, ICES, is written in COBOL, which is an Information Management System (IMS), non-relational database. Caseworkers use "green screen" technology to input data and must remember many policies, procedures, rules and coding to make the system work properly and accurately. Learning the system is not intuitive; caseworkers spend at least a year figuring out how to make it work well.

Additionally, information is not automatically updated or transferable. The system relies heavily on paper filing and manual processing. Locating an application in process can be a cumbersome ordeal; documents supporting the application may be on the caseworker's desk, in a receptionist's in-box or in a file cabinet.

*This manual process is difficult, time-consuming and conducive to errors.* The system has diminished the social work component of the caseworker position, relegating the caseworker to a paper pusher and data-input operator.

### MISSPENT CASEWORKER TIME

Caseworkers carry very high caseloads; most caseworkers have to maintain a workload of more than 300 cases. However, the workload is not spread evenly across the state, which leads to poor customer service when some caseworkers are overburdened and others have too much time. For example, in Elkhart County, a caseworker may have more than 700 cases, whereas in Union County, a caseworker may only have 150 cases. Most caseworkers see six new clients weekly, while still maintaining hundreds of other cases that are constantly in flux.

Caseworkers maintain cases by updating changes to a client's file and responding to electronic alerts issued by ICES, reminding them to perform an action on an open or pending case. Yet, most caseworkers cannot keep up with these alerts. As of early June, 260,000 alerts had not been processed—roughly 120 for every Indiana caseworker. Many of these alerts remind caseworkers to perform checks on a case, such as verifying that the income level of a household has not changed. Although this is an important component of ensuring that eligible Hoosiers receive services, information verification is largely an administrative task that does not demand the social worker expertise of the caseworker.<sup>21</sup> *Since caseworkers spend so much time verifying information, they have less time to spend counseling clients.*

In addition, county directors are charged with overseeing both child welfare and public assistance. When forced to prioritize, they choose to spend most of their time protecting children, leaving eligibility determination accuracy and timeliness virtually ignored.

### INCONSISTENCY

With 107 different county offices, there are nearly 107 processes used to document the information needed to accurately determine eligibility. Each county operates autonomously, making uniformity virtually impossible. The State Board of Accounts (SBOA) special audit cited:

*"We noted major discrepancies from county to county regarding documentation and follow up. For example, caseworkers in some counties would check the living situation statement made by an applicant by contacting the school or other known organization to verify while, in other counties, the applicant statement appeared to be accepted without question."*

*"Client eligibility may not be properly assessed for a variety of reasons, including high caseloads, inconsistent application of eligibility criteria and inconsistent policies between offices and locations."*

For example, one county office may file its hard copy cases alphabetically by last name, whereas the office in the adjoining county files its cases by case number. The application of policy also contains many discrepancies. For example, TANF policy states that the caseworker must verify that school-age children of recipients regularly attend school. One office may check to see how many children are in the household by calling the local school to verify their attendance; another office will just take the client's word.



## SUMMARY

Challenges with the current eligibility intake system, such as outdated infrastructure and inconvenient access, exist for both the clients and caseworkers. FSSA has a chance to build upon existing knowledge and adapt proven technology to take a quantum leap in modernizing its public assistance eligibility intake process.

The agency has developed guidelines that address many of the problems in today's eligibility system; these guidelines form the foundation for an Indiana solution that is acceptable to clients and taxpayers. Instead of taking a step back, or settling for outdated and elaborate processes, FSSA wants to take full advantage of what others have learned, as well as employ today's best-in-class technology. It sounds simple, but what exists today is a cumbersome system in need of great repair.

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## ATTRIBUTES OF A MODERNIZED SYSTEM

The attributes of a modernized system should be to provide better access, use modern technology and business processes to leverage efficiencies and better utilize staff members.

### PROVIDE BETTER ACCESS

Offering multiple entry points into FSSA's eligibility system would result in increased access to the system for those in need of public assistance. Rather than depending on multiple trips to a county office during the limited hours each office is open, clients should be able to have access to the modernized Indiana system 24 hours a day, seven days a week through new channels. The channels of entry would mirror the access points commonly used by businesses to engage customers. The many options FSSA's clients might have available to them could include:

- Local county offices
- 24-7 access to initiate an application over the Internet
- 24-7 interactive voice response (IVR) phone access to application information
- Local community organizations

New channels such as these are ones that clients themselves have agreed would grant greater access to the system. A study of FSSA's current client base conducted by Indiana University-Purdue University at Indianapolis (IUPUI) indicated that:<sup>23</sup>

- 74 percent of FSSA clients were likely to use extended hour toll free service to apply for benefits.

- 57 percent of clients are likely to use community and faith based organizations in their communities to apply for benefits.
- 40 percent are likely to use the Internet to apply for benefits.
- 26 percent of clients have home access to the Internet.

This data is supported by the experience in Florida. Florida's modernization demonstrated that 10 months after introduction, 70 percent of all applications for public assistance were completed via the Internet.<sup>24</sup> Florida also discovered that 74 percent of clients required no help to complete the application, and 87 percent said *they would again use the Internet to apply for benefits.*

In addition, FSSA could seek to co-locate other assistance programs in the county offices. For example, clients must currently go to another office to register for child care assistance, but clients should be able to register for child care assistance at the same office in which they are applying for other types of assistance.

Multiple entry points into the system should also help facilitate the ongoing exchange of information. The utilization of modern technology, such as the Internet, would give clients much more flexibility in applying for benefits. For example, a mother may initially apply for assistance by using the Internet at a local organization where her child receives free after-school tutoring. Another parent might apply at a county office, but dial a call center to check on the status of her application and mail in supporting documentation. A third client may use the Web to check the status of her application, and utilize a fax machine to submit supplemental information required for



the re-determination. With more access points available at all times of the day and days of the week, clients would be able to complete their application and report changes in circumstances at their convenience.

#### USE MODERN TECHNOLOGY AND BUSINESS PROCESSES TO LEVERAGE EFFICIENCIES

A modernized system would also be intuitive and easy to use for both the clients and employees from beginning to end. The initial application should be able to be created through the use of a Web-based, easy-to-use, wrap-around system as a front-end to ICES. Whereas ICES looks like, feels like and is technology from the 1960s, a wraparound system would be a user-friendly front-end tool that looks and feels like a Web page. Such a front-end tool would automatically populate certain fields in ICES and would only require the information necessary for each applicant to be individually tested for eligibility. In addition, rather than storing information in multiple locations – ICES, the caseworker's desk, the receptionist's in-box and a filing cabinet – all information could be stored in this comprehensive electronic record. The use of such technology could also reduce intake errors through the use of online data brokers.

Utilizing the investment the State has made in ICES as the “decision engine” for eligibility determination, FSSA should automate the front-end data collection activities of the eligibility process, taking advantage of the latest technologies in call center processing, Internet availability and document center management. Through continuous improvement, FSSA should gain the productivity and service improvements that commercial leaders have enjoyed.

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